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ABSTRACT

This is the third document in the Education and Human Resources Consortium's Series on Collaboration. Initiated in 1988, the Consortium is a loosely-knit coalition of 24 national organizations whose shared goal is for more responsive delivery of education and human services to children and families. This Series is designed to bring resources that make a significant contribution to the study and practice of collaboration to a wide audience. By providing such resources, the Consortium hopes to foster dialogue and constructive action. This guide uses a question and answer format to help state and local policymakers consider how best to foster local collaboration that truly benefits children and families. Chapter 1 answers questions about the definition and purpose of collaboration. Chapter 2 discusses questions relating to state roles and strategies in fostering local collaboration. Chapter 3 explores additional issues: the role of the private sector, possible negative consequences of collaboration, and collaboration's role in the overall context of improving child outcomes. The conclusion summarizes the most critical observations made in addressing the questions in other chapters. Checklists are provided to help policy makers quickly assess key issues in establishing inter-agency initiatives, demonstration projects, and statewide reforms. Resources that offer additional insights on collaboration and provide examples of exemplary initiatives are referenced in the appendices. (LLL)

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THINKING COLLABORATIVELY:

Ten Questions and Answers to Help Policy Makers Improve Children's Services

by CHARLES BRUNER

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PREFACE AND ACKNOWLEDGEMENTS

This is the third document in the Education and Human Resources Consortium's *SERIES ON COLLABORATION*. Initiated in 1988 with eleven members, the Consortium is a loosely-knit coalition of 24 national organizations whose shared goal is more responsive delivery of education and human services to children and families. This Series is designed to bring resources that make a significant contribution to the study and practice of collaboration to a wide audience. By providing such resources, the Consortium hopes to foster dialogue and constructive action. Through this and other activities, the members of the Education and Human Services Consortium, and other groups that may choose to join, exemplify the kind of close professional collaboration necessary to improve the prevailing system.

THINKING COLLABORATIVELY: TEN QUESTIONS AND ANSWERS TO HELP POLICY MAKERS IMPROVE CHILDREN'S SERVICES, authored by former Iowa State Senator Charles Bruner, uses a question and answer format to help state and local policy makers consider how best to foster local collaboration that truly benefits children and families. Checklists are provided to help policy makers quickly assess key issues in establishing interagency initiatives, demonstration projects, and statewide reforms to foster collaboration.

The first publication in this Series, **NEW PARTNERSHIPS: EDUCATION'S STAKE IN THE FAMILY SUPPORT ACT OF 1988**, explores the potential for collaboration among education and welfare agencies in the implementation of the Family Support Act. It was released in March 1989 as a collective statement by Consortium members and is directed to an audience of state and local education and human services policy makers, administrators, and practitioners.

A second monograph, **WHAT IT TAKES: STRUCTURING INTERAGENCY PARTNERSHIPS TO CONNECT CHILDREN AND FAMILIES WITH COMPREHENSIVE SERVICES** was published in January 1991. Written by Atelia I. Melaville with Martin J. Blank, it describes what high quality, comprehensive services should entail and focuses on interagency partnerships as a potential key to the large-scale delivery of such services. Drawing on the experiences of numerous partnerships from across the country, **WHAT IT TAKES** describes the factors that affect local efforts at both the system and service delivery levels and provides guidelines to help beginning initiatives succeed. Copies of this monograph are available for \$3.00 pre-paid.

The following persons provided many valuable comments to earlier drafts of this report: Michael Benjamin, Terri Bergman, Martin Blank, Cynthia Brown, Janice Earle, Sid Gardner, Samuel Halperin, Alan Houseman, Harold Howe II, Lynn Kagan, Janet Levy, Atelia Melaville, Doug Nelson, Lisbeth Schorr, Bard Shollenberger, and Shelley Smith. The author expresses special thanks to the William T. Grant Foundation Commission on Work, Family and Citizenship, which provided financial support for the writing and production of this monograph.

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THINKING COLLABORATIVELY: TEN QUESTIONS AND ANSWERS TO HELP POLICY MAKERS IMPROVE CHILDREN'S SERVICES

by **CHARLES BRUNER, Ph.D.**, Director
Child and Family Policy Center
Des Moines, Iowa

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INTRODUCTION: FRAGILE FAMILIES, FRAGMENTED SERVICES

Every state has its "\$50,000 families," with those public dollars expended year after year without a coherent, binding strategy to meet basic family goals.

When Gary Wegenke, superintendent of the 23,000 student Des Moines, Iowa school district, gave his "condition of the school" address in 1990, he presented a case study to highlight the "educational reform dilemma"—the fact that a child brings more than educational needs into the classroom. Wegenke's case study is similar to thousands of others throughout the United States:

"Mike is a fifth grade boy, eleven years of age. He does not have a father at home. As far as is known, he has no contact with his father. Mike's mother is sickly and is generally homebound. He has an older sister who stays with him along with her boyfriend and a baby. Mike's older brother is in reform school. At the beginning of the year he was identified as a child who "gets into trouble and seldom finishes or does his homework." Mike responded by saying, "I don't care about school and my work is too hard." Mike follows peers who delight in disrupting classroom activities; he never smiles, and when things get too stressful, breaks into tears with no sound."

Educators, social workers, and community development activists are increasingly asking what can be done to help the many "Mikes" of our country to become productive, well-adjusted members of American society. Business leaders looking toward their future workforce show similar concerns.

The answer is not simply "more of the same." Longer school days and school years, increased academic standards, and more intensive pedagogy of the traditional sort—whatever their benefits may be for many students in Mike's classroom—are not

likely to benefit "at risk" students like Mike.

Mike's needs are social, psychological, and economic, as well as educational. The needs of "at risk" children seldom fall neatly into a single category. In addition to needing a strong educational system to succeed, children need adult support, attention, and love. They need proper nutrition and health care. They need a safe place to live. They need guidance in developing their identities, including a supportive peer culture. They need role models that demonstrate the benefits of work, learning, and self-discipline.

Just as clearly, however, our current system of delivering services to children and families has been structured within discrete categorical boundaries, usually related to professional disciplines and bureaucratic needs. Under most current service funding systems, children and their families must meet separate eligibility guidelines in order to qualify for mental health services, juvenile justice services, special educational programs, home heating and subsidized housing assistance, food stamps and nutritional services, welfare benefits, job training support, and a host of other counseling or development activities. It is not uncommon for an apologetic professional to say to a disappointed parent, "I'm sorry, we can't help you. Your child is not handicapped (or poor, neglected or abused, suffering mental illness, disadvantaged, behavior-disordered, or any of a number of other labels)." The irony of this statement is not lost on either the parent or the professional. Both know the child has needs that could be met, yet categorical constraints limit services only to those who meet certain, ultimately inflexible standards labeling them as eligible.

At best, this system eventually will meet some of Mike's needs, but by several different professionals working within separate agen-

cies. Each of these professionals, usually without consulting each other, will develop a case plan for Mike or another family member but it will be the family's task to integrate these separate plans into something that can better their lives. This is neither the most efficient, nor the most effective way to help Mike or his family.

At worst, instead of receiving multiple services, Mike will fall through the cracks in each of several child-serving systems. Each agency is likely to contend truthfully that it does not have sufficient resources to address Mike's needs and must save its services for more needy children. By the time he reaches the required point of crisis, however, responses will be more costly and likely to remediate only a part of the damage he will have sustained.

This costly fragmentation in service delivery has prompted reformers like Wegenke to call for collaboration among agencies serving children and families. Not only can collaboration help existing institutions better use current resources and avoid duplication, it has the potential to help children like Mike develop educationally, socially, and emotionally—all at the same time.

In the present system of separate agency initiatives, it is difficult to track all the services Mike's family will receive or to determine their total cost. Mike's brother has been in contact with the juvenile court and is currently costing the state a hefty sum for his stay at reform school. Family assessments and probably family counseling, as well as psychological assessments for his brother, have, no doubt, added to the expense. Mike's mother may be receiving Aid to Families with Dependent Children (AFDC) payments and Medicaid, as may his sister and her family. Altogether, in a patchwork and uncoordinated fashion, government may be spending tens of thousands of dollars annually on Mike and his family with no integrated plan to lead them toward greater self-sufficiency. Every state has its "\$50,000 families," with those public dollars expended year after year without a coherent, binding strategy to meet basic family goals.

It also is essential to remember that Mike probably has not developed a close relation-

ship with any individual worker. A caring adult who can serve as a mentor is likely to be absent from his life. Most professionals in contact with the family and most policy makers presented with this case would agree that such a supportive, ongoing relationship is needed. They would also agree that none of the various agencies providing services is truly responsible for helping Mike's family meet its overall needs even though the need for accountability is one rationale given for the current categorical funding system. Unless collaborative initiatives are structured to deploy resources to help children form positive attachments to real people, collaboration will not make a difference in those children's lives.

If collaboration is to result in more responsive services for children and families, it must do more than redesign organizational flow charts. It is too important a concept to be trivialized in this fashion. Collaboration will succeed only if it changes the nature of the relationship between workers and families and has as its goal the alleviation of children's very real needs. Even then, collaboration alone cannot create more Head Start slots for needy children, house homeless families, or create jobs for unemployed youth. The issue of limited resources must still be faced.

This guide uses a question and answer format to help state and local policy makers consider how best to foster local collaboration that truly benefits children and families. **Chapter One** answers questions about the definition and purpose of collaboration. **Chapter Two** discusses questions relating to state roles and strategies in fostering local collaboration.

Chapter Three explores additional issues—the role of the private sector, possible negative consequences of collaboration, and collaboration's role in the overall context of improving child outcomes. The **Conclusion** summarizes the most critical observations made in addressing the questions in the other chapters. Checklists are provided to help policy makers quickly assess key issues in establishing inter-agency initiatives, demonstration projects, and statewide reforms. Resources that offer additional insights on collaboration and provide examples of exemplary initiatives are referenced in the **Appendices**.

Collaboration will succeed only if it changes the nature of the relationship between workers and families and has as its goal the alleviation of children's very real needs.

CHAPTER ONE:

UNDERSTANDING THE BASICS

QUESTION #1

Q. What do we mean by collaboration?

A. “Collaboration” is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes.

Webster’s New World Dictionary defines the word “collaborate” as follows:

“1. To work together, especially in some literary, artistic, or scientific undertaking; 2. to cooperate with an enemy invader.”

Many persons confronted with a mandate from above to “collaborate” may indeed feel that the second definition is an appropriate one. In their view, they are being asked to add another feature to their job description—either to “do someone else’s job,” or, at a minimum, to do their job in a manner that makes someone else’s work easier at the expense of their doing more.

In this guide, however, collaboration includes all of the following elements:

- *jointly developing and agreeing to a set of common goals and directions;*
- *sharing responsibility for obtaining those goals; and*
- *working together to achieve those goals, using the expertise of each collaborator.*

Because collaboration involves sharing responsibility, it requires consensus-building and may not be imposed hierarchically. It is likely to be time-consuming, as collabora-

tors must learn about each other’s roles and responsibilities, as well as explain their own. Collaborators must also acquire expertise in the process of group goal-setting and decision-sharing, which may not be part of their other work.

Collaboration means more than either communication or coordination. *Communication* can help people do their jobs better by providing more complete information, but it does not require any joint activity. *Coordination* involves joint activity, but allows individuals to maintain their own sets of goals, expectations, and responsibilities. In contrast, *collaboration requires the creation of joint goals to guide the collaborators’ actions.*

QUESTION #2

Q. What problems is collaboration designed to solve?

A. Collaborative strategies may help to 1) provide better assistance to families already receiving services in several systems; 2) keep children from falling through the cracks and ensure that they receive needed services and 3) reduce environmental risks that affect all children in a given neighborhood or community.

One of the most profound changes in American society over the last two decades has been the change in family structure. The proportion of single parent families, blended families, and families in which both parents work outside the home has grown dramatically. All families need support at some times—support that transcends any single agency’s mission. As society has become more complex and family capacities

Because collaboration involves sharing responsibility, it requires consensus-building and may not be imposed hierarchically.

strained, collaboration among child and family-serving agencies offers an important mechanism to meet the multiple needs of parents and children.

Collaborative strategies will vary under differing circumstances. For example, many services can be provided to large numbers of children and families without any need for cross-agency involvement. The majority of children grow up healthy and successful in school — with educational services provided through the public education system, health services through a pediatrician or other health practitioner, and social and psychological services through only episodic uses of other support services. Most children are reasonably well-served by school, health care, and social service providers despite minimal contact among these providers.

As a result, the existing structure of the services system “works” for most children and families. Children and families usually overcome, with little ill effect, poor teaching, conflicting advice from different authority figures, or some other failing within the system, because these families have other resources available to offset negative experiences. For the fortunate majority, the *family* is the collaborator and integrator of services.

Fragile families, however, are less able to play this managerial role. Their needs are more likely to be complex and require services over extended periods. For several reasons, service collaboration strategies for families like these are critical. First, these families are more likely to have difficulty in accessing and using all of the services they need. Second, although they ultimately are more likely to be involved with several systems at once, these families are far less likely to have the skills to integrate the goals and requirements of the various services they are receiving. These systems need to develop case plans with reinforcing, rather than conflicting, goals. Third, when system failures do occur, these families seldom have outside resources to offset the resulting negative consequences.

Not all families will require the same degree or type of collaborative support. Three case examples illustrate how various

collaborative strategies can be designed to respond to different levels of family needs.

Families in Several Systems

Case Example One

Annie, age seven, and Kent, age twelve, attend elementary school. Annie shows signs of emotional disturbance, and is in special education for learning disabilities. Kent has been picked up by the police for vandalism and is on probation. Annie, when four, was placed in foster care because of abuse and neglect. She is now home but the family must participate in monthly therapy through social services. Due to staff turnover, the family has worked with several different therapists.

In this case, collaboration among the people already involved with Annie and Kent's family is essential. Various counselors, probation officers, and human service workers are simultaneously setting goals for family members. It is unlikely that each provider is aware of all the other interventions, let alone working together on a coordinated family treatment plan. Goals that are set for individual family members may be in conflict with one another and the family may be confused by these various expectations. While categorically eligible for a wide array of services, this family may never receive the level or intensity of comprehensive involvement that it needs, or support in the form that it can accept.

All states expend large amounts of scarce resources on families like Annie and Kent's. Reducing the number of separate interventions and individuals working with the family, and providing more support for those that remain would be a better use of resources. Developing a unified “family plan” and redeploying resources across several agencies to meet that plan's goals requires collaboration and, possibly, changes in the current system of financing services. The potential benefits of such collaboration will be better outcomes for each family member and a reduced need for future interventions, and their substantial costs.

Fragile families . . . are far less likely to have the skills to integrate the goals and requirements of the various services they are receiving. These systems need to develop case plans with reinforcing, rather than conflicting, goals.

Families Falling Through the Cracks

Case Example Two

Johnny, a nine year-old first grader, is behind his fellow students in reading. He often is late to school, as his mother works nights and does not get up to see him off. A drop-out from ninth grade, she views the school system with a sense of powerlessness and distrust. They live in a ten-year old trailer, and Johnny frequently gets colds from the drafty structure.

This example describes very different challenges to the existing service delivery system than those illustrated in the first case. While Johnny's family has a number of needs and many stresses, the intensity of the family's immediate problems is much less than in Annie and Kent's situation.

Since the family is not in "crisis," it does not qualify for a number of categorical programs. While both school teachers and community service providers may recognize that Johnny and his family have needs that are not being met, both are likely to say that "it's not my job" to provide services to assist the family. The school does not provide teachers with time outside the classroom to nurture parental involvement in Johnny's education. The school counselor or social worker has a large caseload that requires that most attention goes to students with major school behavior problems. The department of human services does not provide preventive services to assist such families. It must concentrate its efforts on homes where there is evidence of child abuse or neglect. Meanwhile, Johnny remains "at risk" of educational failure, limited future life options, and the social maladjustment that educational failure is likely to bring.

Families like Johnny's are common throughout the country. Policy makers and professionals generally concur that such families can be helped, provided someone—a school teacher, a community service worker, a minister, or some other caring adult—connects with that family to provide guidance and help the child experience success. Testimonials abound from highly suc-

cessful adults who considered themselves "at risk" youth and point to a caring adult who stuck with them and made a critical difference in their lives.

For Johnny and his family, cross-agency collaboration is not necessarily needed. Instead, there must be collaboration between the family and a caring adult to support and help Johnny and his family meet their needs. Under the current system, however, no one is responsible to fill that role. If school teachers are to take on part of this responsibility, they must be freed from classroom teaching or otherwise compensated for their work, in order to make home visits and work directly with parents. They must be given flexibility in their jobs to target families such as Johnny's for special attention. If community service workers are to take on part of this responsibility, they must be allowed to support families without the limitations imposed by categorical labels and to develop programs that do not suffer the stigma of such labels. Ultimately, greater involvement with families like Johnny's will require smaller class sizes or reduced caseloads, as well as enhanced training and support for frontline workers. In contrast to cross-agency collaboration, where it may be possible to redeploy existing resources, collaboration between workers and families to provide guidance and prevent problems will require new resources. In the long run, however, such investments may save families from reaching the level of distress found in Annie and Kent's family.

Families Living in High-Risk Neighborhoods

Case Example Three

Carolyn attends Jerome Middle School where she is an above-average student, but her test scores still rank in the lowest quartile statewide. Her school is located in an inner city neighborhood with the state's highest rate of adult unemployment and welfare dependency. Forty percent of the students at Jerome will not graduate from high school and one-third of the girls will become teenage mothers. None of the teachers at Jerome live in the neigh-

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borhood. Church leaders express grave concern about the children in their community.

All states have schools like Jerome Middle School, with many children like Carolyn. Strategies focusing upon individual students in those schools may occasionally succeed in improving an individual student's educational performance and even economic outlook, but community-wide strategies are necessary if *most* students are to escape pervasive environmental risks. If Carolyn is given the opportunity to succeed in school—but has to “escape” her neighborhood, friends, and families to experience the rewards of that success—her victory will be partial, at best.

In this instance, community-wide collaborative strategies are needed. All children and families in the neighborhood served by Jerome Middle School are subject to serious housing, health care, safety, and economic concerns. Such concerns are best addressed on a community-wide rather than an individual family basis. A rethinking and potential redirection of the existing, individually-focused resources being deployed within the community are required. Rather than focusing on individual eligibility, it might be more appropriate to make services available to *all* families in the neighborhood, to emphasize community outreach, and to involve existing community institutions in designing community solutions. In many respects, this orientation is a return to the 1960s concepts of community action, maximum citizen participation, and community self-determination.

Interagency Collaboration at the Administrative Level

Collaborative initiatives often occur at the administrative or managerial level in both state and local government. Most of the initial state efforts to foster collaboration have focussed on upper echelon administration and planning. Policy makers have established the creation of task forces, interagency coordinating councils, or other administrative structures to improve interagency understanding and planning in addressing cross-agency concerns. Coordinating councils and task forces have been established on specific youth concerns requiring a cross-agency response, such as adolescent pregnancy, chemically-exposed infants, youth gangs, and school dropouts. They also have been developed to address youth concerns more broadly since these specific problems are often interrelated.

As used here, administrative-level collaborative initiatives are not simply reorganization efforts designed to change organization charts and agency structure. Rather, they focus on enabling different institutions serving the same families to solve common problems. Agency structure matters a lot less than human relationships in fashioning strategies to solve mutual concerns.

Interagency collaboratives at the administrative level can identify areas in which more coordinated approaches among providers are needed. They also can help participating agencies better understand the various roles each plays in the child and family-serving system. Understanding each other's organizational demands often can lead to a greater willingness to take an extra step in one's own job and not to see other agencies as “part of the problem.”

According to one local agency director involved in a collaborative venture, what “broke the ice” was the recognition that all participants were committed to the same end—producing drug-free, nonabusive families able to help their children avoid the problems of adolescent pregnancy and juvenile delinquency, and succeed in school. “It came as a revelation to many of us that juvenile justice, child welfare, education, and

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QUESTION #3

Q. At what organizational level should collaboration occur?

A. Collaboration should be fostered at every level of organization, from the top administrative level to the level at which the family meets frontline service workers. Collaboration at one level of organization will facilitate collaboration at other levels as well.

public health officials actually shared this goal," he said.

Interagency Collaboration at the Service Level

A second level at which collaboration can occur is among line workers in different agencies. Ideally, whatever "formal" agreements exist between a school and the department of human services, department of human services social worker Ginnie, must get on the phone to school counselor Ken to compare notes and plan actions for Jessica and her family. "Collaboration ultimately is people working with people," states Toby Herr, project director of an employment program called Project Match in Chicago's Cabrini-Green housing project:

"A good worker gets to know what workers you send clients to in what agencies, and what types of follow-up you need when you do. You have to be able to assess the strengths of people in other organizations and use them accordingly. It's not the formal job responsibilities people have; it's what they actually do for clients that is important."

Developing this knowledge base about other people and resources in the community is

critical to cross-agency collaborative strategies.

Intra-Agency Collaboration

A third level where collaboration should exist is between the frontline worker and other workers in the same agency, particularly other frontline workers and immediate supervisors. If the frontline worker is to be given greater discretion in working with families and to do more than mechanically apply rules and procedures, organizational policies must be developed that support these increased expectations. A hierarchical work setting, with the worker at the bottom of the authority pyramid, is not consistent with the degree of responsibility the worker is expected to bear. A collegial setting, where frontline workers collaborate with supervisors, other workers, and staff, both in handling individual cases and in setting agency goals, balances responsibility with authority and enhances the capacity of workers to collaborate with clients.

Worker-Family Collaboration

A fourth level at which collaboration should exist is between the frontline worker and the family. In collaborative efforts at this level, the worker becomes the caring adult

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LEVELS OF COLLABORATION

Level 1 Interagency Collaboration— Administration

Administrators at the state or local levels manage agencies to facilitate interagency and intra-agency collaboration through protocols, interagency agreements, staff organization, staff incentives, and job evaluation systems.

Level 3 Intra-Agency Collaboration

Workers at the frontline, service-delivery level are given discretion in serving clients, provided support for decision-making, and involved in agency planning.

Level 2 Interagency Collaboration— Service

Workers at the service-delivery level in various agencies are given incentives and support for joint efforts with staff in other agencies.

Level 4 Worker-Family Collaboration

Frontline worker and family members determine needs, set goals, and work toward greater family autonomy and functioning.

who can connect with the family and provide guidance. The relationship here is not hierarchical, with a desk separating client from worker and a set of rules and regulations dictating the worker's response to a client's request for help. Instead, the provider works in partnership with the family to develop and achieve goals that lead toward self-sufficiency.

To achieve this level of collaboration, workers must be appropriately recruited, trained, and supported in providing such assistance, whether they are in the school system, the social welfare system, the juvenile justice system, the mental health system, or the community service system. Since the worker must help each family in setting jointly agreed-upon goals, the worker must exercise considerable discretion and exhibit substantial skill and flexibility in problem-solving. Most workers cannot assume such responsibilities without being freed from the paperwork and accountability systems upon which their jobs currently are structured and upon which they are evaluated.

These four levels of collaboration are interrelated and interacting. From the bottom up, workers are likely to work in collaboration with their clients only if their own work setting is conducive to collaboration. They must be rewarded for devising creative solutions for families rather than for following prescriptive organizational regulations. If that is the case, interagency collaboration among workers is more likely to be accepted and rewarded by the agencies involved in such work. Agencies, however, are likely to be able to provide workers with the time for this involvement only to the extent that statutory responsibilities, procedural dictates, and financing systems support such activity. Finally, by providing feedback on the collaborative initiatives undertaken at the administrative level, frontline workers themselves can provide a valuable perspective on systemic changes needed to better serve families.

From the top down, state interagency planning must be implemented at the local, service-delivery level. If planning is to produce changes for children and families,

incentives for local staff to collaborate must be provided from those at the top. Interagency planning will produce success only to the extent that workers are given the discretion to develop cross-agency linkages. Workers who are given authority to make decisions and are provided back-up support and feedback on their activities are most likely to work with families in an innovative, client-centered manner. In short, at all levels of organization, the atmosphere must be favorable to collaboration and partnership.

Successful collaborative initiatives may start at any one of these levels of organization, although they most frequently begin either at the administrative planning level or the worker-family level. Because they interact, success at any one level is likely to lead to calls for collaboration at all other levels.

QUESTION #4

Q. How do we know if collaboration is happening and if it is working?

A. In the long run, interdisciplinary outcome measures that show reduction in major risk factors, (e.g., adolescent pregnancy, infant mortality, family instability, school dropout, abuse and neglect) must be the goal of collaborative efforts. Until corresponding evaluation methods are devised, however, no higher standard of proof for collaborative initiatives should be required than for mainstream, traditional services. In addition, process-oriented measures such as agreement among clients and workers that services are improving should also be considered valid indicators of success.

The goal of collaboration is much greater than simply changing the processes by which services are provided. Its ultimate aim must be to successfully address family or societal problems that are unlikely to be effectively managed by persons or agencies working separately. In the long-term, the value of collaborative initiatives must be measured in terms of their success in eliminating or reducing the difficulties that place our children

... workers are likely to work in collaboration with their clients only if their own work setting is conducive to collaboration. They must be rewarded for devising creative solutions for families rather than for following prescriptive organizational regulations.

... considerable patience is required to evaluate properly the impacts of any initiatives that seek to alter the life trajectories of fragile families.

and youth at risk—adolescent pregnancy, infant mortality, family instability, school drop-out, child abuse and neglect, drug involvement, delinquency, youth unemployment, suicide, mental illness, and poverty.

Because collaborative strategies are designed to be interdisciplinary and family-centered, judgments of effectiveness should be comprehensive and interdisciplinary rather than narrowly defined or single-agency focused. For example, by pooling resources and expertise, a collaborative effort to help adolescent mothers become better parents has the potential to increase maternal school-completion rates, reduce the likelihood of second pregnancies, help birth fathers become involved in employment and training programs, and increase the identification of infants with special health needs. It may even convince high schools to provide on-site day-care and to offer alternative programming both for adolescent mothers and other students at risk of dropping out, thereby improving school attendance for all students significantly. Taken together, the returns on investment from these positive outcomes may more than justify the initial investment in the teen-parenting program. If the program were judged only on improved parenting skills, however, critics might argue that program outcomes were not sufficient to warrant continued program expenditures.

In fact, the use of a number of measures of program impact in the Perry Pre-School Project in Ypsilanti, Michigan, was instrumental in demonstrating the public rates of return on investments in high quality, early childhood programs. When children in the Project were tracked over a 15-year period and contrasted with a comparison group, the study showed improved school performance, reduced use of special education services, reduced welfare use, increased employment, and reduced juvenile court involvement for those children participating in the early childhood program. Calculations of averted costs to society from these improved outcomes showed a return of more than three dollars for every dollar expended on the program.

These results and others like them have been so dramatic that they occasioned the Committee for Economic Development to state in its report, *Children in Need*, that the country cannot afford *not* to invest in such programs. The Perry Pre-School Project itself was a very comprehensive initiative that emphasized a collaborative spirit at the worker-family level (although it was not a cross-agency collaborative initiative). The emphasis upon program impact evaluation across a wide array of developmental areas was critical to measuring the program's effect.

A major lesson of this Project is that considerable patience is required to evaluate properly the impacts of any initiatives that seek to alter the life trajectories of fragile families. Improved long-term outcomes in the Perry Project were not reflected in cognitive gains measured over shorter periods of time. In fact, by third grade the differences between treatment and comparison groups on cognitive skills had disappeared, although children in the treatment group had better attitudes and orientations to school. If broader measures than cognitive gain had not been employed, and the children not followed over a longer period of time, interpretations of the Project's value would have been quite different.

Further, unless initiatives are so comprehensive in scope that they seek to affect poverty rates and community employment and housing needs, they cannot be held accountable for failing to show positive outcomes for families who suffer persistent poverty, unemployment, and bad housing. This is especially true for collaborative initiatives undertaken in distressed neighborhoods and communities.

While outcome-oriented evaluations should be sought, a higher standard of proof for the value of a collaborative initiative should not be required than for existing, mainstream programs or state initiatives. Outcome-based evaluation methodologies for services provided in the complex, social world are still evolving and require adaptation just as the collaborative initiatives that are the subject of evaluation are evolving and require the flexibility to adapt.

In addition to seeking outcome-based evaluations to measure the effect of collaborative initiatives, there also should be evaluations based upon inter-subjective, process-oriented measures. If effective initiatives are implemented at the top levels of organization, they should be reflected in what is occurring within the families for whom the collaborative initiatives are deemed appropriate. If services are still being provided in a fragmented and uncoordinated fashion to multi-system families, or if families in need of assistance are still falling through the cracks, collaborative approaches have not been effectively implemented. Alternatively, if evaluations indicate sharing of resources among workers in different agencies and client involvement in goal setting and attainment, collaboration is occurring.

Initially, the issue of whether or not collaboration is occurring may best be reflected

in how people's attitudes have changed toward their roles. Client and worker assessments of the services they are receiving or delivering can provide insight into the collaborative's effectiveness. If there is a sense of client and worker empowerment and enthusiasm in an initiative, that is a good sign that collaborative strategies are being employed. If not, there is little likelihood that the initiative itself is going to have much impact upon clients' lives. In a complex world, particularly where families face significant environmental risks, identifying the impact of collaborative strategies will be particularly challenging. If cost-effective strategies are to be identified, they ultimately must be based upon a broad, rather than a narrow, view of program success based on multiple indicators of improved outcomes for children and families.

Outcome-based evaluation methodologies for services provided in the complex, social world are still evolving and require adaptation, just as the collaborative initiatives that are the subject of evaluation are evolving and require the flexibility to adapt.

CHAPTER TWO: TOP-DOWN STRATEGIES— BOTTOM-UP COLLABORATION

To the extent that local initiatives are involved in the evolution of state-level regulations, evaluation systems, and rules governing their initiatives, they will be more likely to implement these policies effectively.

Most state-level efforts to improve collaboration represent one of three different approaches. *First generation approaches* are initiated from the top down, usually through the establishment of interagency task forces, councils, commissions, or committees. *Second generation approaches* support local col-

laborative initiatives, often in the form of demonstration projects. *Third generation approaches* involve comprehensive, collaborative initiatives applied to all levels of organization in all parts of the state. While a *first generation approach* is still the most common method to foster collaboration, an increasing number of *second and third generation approaches* are being undertaken by states.

STATE APPROACHES TO FOSTER COLLABORATION

First Generation Approaches

Through the establishment of interagency groups (task forces, commissions, committees, or councils), state policy makers direct agencies to plan together to address child and family needs.

Second Generation Approaches

States finance and provide guidance and technical assistance to local collaborative initiatives through multi-site demonstration projects. Sites are selected for their ability to develop models to meet child and family needs that could apply to other parts of the state.

Third Generation Approaches

Building on the experiences of multi-site demonstration projects, state policy makers design comprehensive, statewide collaborative approaches to meet child and family needs, incorporating strategies to develop the leadership base needed to support successful programs.

QUESTION #5

- Q.** First generation approaches: How effective can state-level interagency groups be in reducing system fragmentation and improving services to children and families?
- A.** First generation efforts begin the communication process but unless states take specific steps they will fail to address difficult restructuring issues. Such initiatives can be catalysts to broader change, however, if they develop clear and specific goals, are provided the authority to implement policies to meet their goals, and remain responsive to the needs of those who will be providing and receiving services.

A typical *first generation* response to service fragmentation at both the federal and state level has been to require, through budget authorization, statute, or executive order, the development of an interagency group (task force, commission, council, or committee) to conduct joint planning or to oversee and direct the expenditure of funds.

Many federal programs designed to serve special populations and administered through the states require states to develop interagency councils to coordinate planning and service delivery as a condition for receiving federal funds. Examples include P.L. 99-457 (reauthorizing certain programs created under the Education of All Handicapped Children Act and authorizing early intervention programs for infants and toddlers with handicapping conditions); P.L. 100-77 (Stewart B. McKinney Homeless Assistance Act), the Maternal and Child Health Block Grant and its programs for children with special health care needs, the Family Support Act of 1988, the Job Training Partnership Act, and the National Institute of Mental Health's Child and Adolescent Service Program (CASSP). (Interestingly, each of these calls for collaboration has been issued through separate funding streams, yet they focus on many of the same children and families!)

States also have developed their own interagency groups to bring multiple perspectives to bear on a wide range of child and family issues, including commissions on chemically-exposed infants, adolescent pregnancy and parenting, drop-out prevention, welfare reform, child sexual abuse, and adolescent suicide. Councils and commissions with even broader foci—children at risk, the changing family, and families and the workplace—also have been established, often including community and corporate leaders as well as public sector representatives.

These *first generation approaches* represent efforts to establish collaborative links at the state administrative level (that organizational level closest to state funding decisions but most removed from actual contact with clients). The obvious benefit of these interagency groups is that they bring people who otherwise may have no contact with one another into the same room to begin to share information.

In exceptional cases, these interagency groups have been catalysts for significant changes at other levels of organization. In general, however, the results of these efforts have been mixed. Rather than serving

as catalysts for major change, they far more often have produced a *pro forma* response to legislative or executive mandate.

Factors Limiting the Success of Interagency Groups

One reason for the disappointing performance of many interagency groups is that responsibility for attending meetings is relegated to those without significant decision-making authority or with little interest in changing the manner in which their own agency interacts with other agencies.

A second reason is that available resources to support these undertakings are not adequate. If members are provided no significant incentives for their collaborative work—such as relief from other duties and incentives to work on the group's tasks, authority to redirect agency resources, or ability to finance and implement group recommendations—members are likely to only as much effort as is necessary to meet minimum requirements. Freeing good staff people to work on collaborative initiatives is not a costless action. Effective collaboration often requires tens, if not hundreds, of thousands of dollars in collective staff time.

A third reason for the limited success of many first generation collaborative activities is that interagency groups are unlikely to develop recommendations that will be perceived as threatening any one partner's existing activities. Since the one predictable requirement of each such group is to deliver a report, members generally can achieve easy consensus on a number of points. Common conclusions include the following:

- Current resources are insufficient to solve the problem at hand.
- Additional study is needed to fully understand the issue and to plan a successful resolution that will address all contingencies.
- A variety of obstacles exists which must be overcome before agencies can change their operations (confidentiality provisions, co-campusing needs, federal funding restrictions, eligibility criteria, etc.).

Freeing good staff people to work on collaborative initiatives is not a costless action. Effective collaboration often requires tens, if not hundreds, of thousands of dollars in collective staff time.

- Each agency represented already is understaffed and requires more resources to take on any additional responsibilities.
- Underlying societal issues have created the problem at hand. Dealing effectively with these issues (expanding prevention and early intervention services rather than dealing only with clients in crises, educating everyone in society, ending poverty, etc.) is the real solution to the problem.

However true these may be, state policy makers should realize that these responses

do little to reduce service fragmentation or to challenge agencies to examine their own categorized way of doing business, and do even less to directly improve the lives of children and families.

State Actions to Improve First Generation Approaches

Although policy makers should not underestimate the difficulty of using *first generation approaches* to achieve cross-agency reforms, *first generation* initiatives can serve as an impetus to system reform if state action truly

Policy makers can increase the likelihood that interagency groups will serve as catalysts for reform. . . . An interagency group can be clearly directed to develop . . . measurable goals and to propose action steps to meet those goals.

QUESTIONS TO ASK WHEN PLANNING FIRST GENERATION COLLABORATIVES

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| <ul style="list-style-type: none"> ☐ Is there a clearly defined problem identified that the interagency group is designed to address? ☐ Does each member of the group identify this problem as pertinent to their organization's other responsibilities as well as to the group itself? ☐ Does the mission of the group require the development of measurable goals, based upon child and family outcomes? ☐ Does the responsibility of the group include the development of action steps, and time-frames for taking those steps that will be attempted in order to meet those goals? ☐ Are all key stakeholders represented on the group, and/or is there a process to assure that additional stakeholders can be added and that the group is inclusive? ☐ Is the group organized—through appropriate subcommittees and advisory groups, as well as a decision-making body—to enable it to make decisions and implement policy in a manageable fashion? ☐ Is sufficient status given to the group that representatives selected from each organization are influential within their organizations and can carry forward to their organizations the recommendations of the group? | <ul style="list-style-type: none"> ☐ Is there a strong role for local and front-line staff input to group deliberations, not only to provide feedback but also to set direction? ☐ Are there mechanisms in place to obtain meaningful participation from families to be served, at least to serve as a reality test? ☐ Are members provided sufficient support (time off from other duties, staffing, etc.) to meet their responsibilities to the group? ☐ Is the group given sufficient authority so that members implement its recommendations? ☐ Is there appropriate independent staffing for the group, to provide the group with the information it needs to function? ☐ Is technical assistance available to facilitate and guide meetings or to provide specific expertise on issues raised by the group, to assure that the group can move forward and avoid as many dead-ends as possible? ☐ Is the guiding thrust of the group for each member to seek ways their respective organizations can help to meet the collective goals shared by the group? |
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enables groups to tackle tough issues. Policy makers can increase the likelihood that interagency groups will serve as catalysts for reform. First, an interagency group can be clearly directed to develop specific proposals for improving services through collaboration. This directive can use cases to illustrate the problems in the present system. Groups also can be charged to develop measurable goals and to propose action steps to meet those goals. Members can be required to identify how the problems the group is addressing also negatively affect their own agency's efforts to help children and families.

Second, the group can be given authority to direct new funds into collaborative initiatives, to restructure existing regulations under which separate agencies may operate, or to have some degree of control over existing agency budgets. In short, the agencies involved in the interagency group can be required to share some of their individual authority.

Third, members of the interagency group can be selected for their status in their agencies and provided with staff support and release time for group-related responsibilities. Since it is essential that the agencies become "invested" in the group, service on the interagency group should not be assigned to personnel with little standing or influence.

Fourth, groups can be structured to involve local service deliverers (both in terms of input and feedback) to help assure that planning at the administrative level is connected to implementation at the service-delivery level. More than nominal membership on the group will be necessary to achieve this critical link.

Fifth, interagency groups can be designed to include all key agencies and decision-makers to ensure that essential players are not left out. In addition to the identification of initial membership, groups can be directed to open their memberships to all appropriate and interested entities. They must, however, make sure to remain manageable and able to make decisions and set policy.

Sixth, interagency groups can be provided realistic time schedules for developing their proposals, recognizing that reforming deliv-

ery systems is an extremely process-intensive, time-consuming activity.

While a group's activity is likely to be dynamic, adapting to new demands and to the personalities and perspectives of its members, the initial directives to a group are very important for they set expectations for the group's activity.

QUESTION #6

Q. Second generation approaches: What strategies can state policy makers initiate to further collaboration at the local level?

A. Second generation state initiatives establish collaborations at the local, service-delivery level on a demonstration basis. By offering specific incentives to communities or programs which support collaboration, these initiatives constitute top-down strategies for supporting bottom-up services. To develop effective local collaboratives, states can design site selection criteria that reward collaboration at all organization levels, offer technical assistance and regulatory flexibility as well as financial supports, and provide the time and incentives necessary to build working relationships and agree on shared goals.

To be successful, *second generation approaches* must recognize and address the obstacles local agencies face when collaborating. Some of these obstacles are external to the local agencies, but some are likely to be reflected in each agency's structure and how it works with children and families.

Challenges to Fostering Local-Level Collaboration

First, collaboration challenges the authority structure inherent in most organizations. All partners must share responsibility and authority when establishing goals and developing plans to meet those goals. At the top administrative level, this sharing may be seen as "giving up power." At lower levels

As collaboration is to some extent the art of "continuous problem-solving," solutions must be tailored to specific clients and circumstances.

If programs are to "creatively problem-solve" rather than strictly follow administrative rules or professional practice standards, program evaluation must be driven toward measuring outcomes, i.e., whether the problem was solved.

of organization, it may be seen as a threat to the current status an employee holds within the organization.

Second, collaboration allows others to challenge the assumptions of one's profession or occupation. Collaborators must work with others who do not respond to the same professional tenets and practice guidelines. Their own beliefs and views are likely to be challenged by those with differing perspectives and they will be forced to justify their professions' assumptions. To the extent that professional boundaries are eliminated, some practitioners will feel uncomfortable and threatened.

Third, collaboration requires the abandonment of mechanical decision-making. As collaboration is to some extent the art of "continuous problem-solving," solutions must be tailored to specific clients and circumstances. Rules must be modified and made less rigid. The regulation manual cannot serve as the determinant of one's job performance unless it makes clear that the primary rule is to "get the job done to help the client." Regulations and rules are designed to make jobs more routine and to provide more quality control, uniformity, and equity, yet rigid adherence to standard service delivery patterns destroys the flexibility needed to provide children and families with what they need when they need it. Some workers may feel uneasy when they cannot justify their actions simply by pointing to a set of regulations, but instead must measure the effectiveness of their services by their impact on the problems they seek to resolve. Under current conditions, many workers are untrained and unprepared for this degree of discretion and responsibility.

Fourth, collaboration is time-consuming. Communication needs to occur, and the positions, roles, and responsibilities of others need to be learned. This time must be added in when calculating caseload size or other responsibilities. Committed persons sitting through meetings discussing coordination or collaboration often privately ask themselves, "Wouldn't it be easier for me just to do this myself?"

Fifth, worker accountability must be measured differently. The time expended upon

collaboration is difficult to measure in terms of units of service provided, and the individual activities undertaken in a job are dependent upon factors outside the ability of the worker alone to determine. Workers should not be judged by how well they followed the manual, but, rather, by how skillfully they have engaged others in developing and implementing successful solutions to problems, many of which will be seen only in the long-term outcomes for the family.

Sixth, program accountability must be redefined. If programs are to "creatively problem-solve" rather than strictly follow administrative rules or professional practice standards, program evaluation must be driven toward measuring outcomes, i.e., whether the problem was solved. This outcome measurement may seem threatening, particularly when programs believe that external factors impede their ability to solve problems. If the teacher is responsible not only for preparing a good lesson but also for ensuring that students learn from it, he or she will want assurances that students are eager to learn, not distracted in the classroom, and able to spend time at home studying. If the teacher does not feel these other requirements are being met, he or she may rebel against an evaluation of teaching effectiveness based upon student performance. Nevertheless, the system must be held accountable for meeting desired outcomes and workers must share responsibility for achieving specified results.

Seventh, many existing sources of funding, both state and federal, are categorically-based. While states may modify the conditions under which state funds are provided, federal funds may remain restricted to certain conditions or clients. Because of their magnitude, such federal funding sources as Chapter One (compensatory education), IV-E (foster care), AFDC (Aid to Families with Dependent Children), and Title XIX (Medicaid) cannot be ignored in developing state initiatives to serve children and families, particularly those most at risk.

Meeting the Challenges

States can take many steps to meet these challenges to successful collaboration.

When states finance or authorize specific local demonstration projects, policy makers can design requests for proposals which reward collaborative strategies. At a minimum, letters of support from related agencies can be required as part of grant applications. Evidence of the manner in which clients will be engaged by the program and share in the program's development, and discussion of the responsibilities and authority that will be vested in frontline workers can also be required. States can recommend that applicants conduct focus groups, both with frontline workers and with the families they serve, as they design their grant proposals. It can be made clear at the outset that demonstration programs will be evaluated on a broad range of outcome measures.

Policy makers also can provide ongoing technical assistance and staff support, including group process work, in the development and evolution of those grant programs. Rather than approaching local demonstration sites from a traditional regulatory and accountability perspective, policy makers can offer more flexibility in program design while clearly delineating desired program outcomes. At the same time, they can work with the local sites to develop comprehensive, outcome-based evaluation systems.

These actions can help provide the time and resources necessary for potential collaborators to understand each other's roles and agree on shared goals—two major prerequisites of success. According to one student of collaboration, people may go into a collaborative venture with good intentions but they are likely to underestimate the obstacles to implementing change. Participants often assume that the major goal of collaboration is to get *others* to change the way they do their jobs. It is only when they accept their own responsibility to change the way *they* do things, in order to make other people's work more productive, that participants become partners. "The first sign that a collaboration meeting is moving somewhere," this student indicated, "is when people start their sentences with 'I could try. . .'" Frequently, it takes a substantial amount of time simply to get people's individual agendas on the table,

let alone to build a collaborative agenda. State policy makers can aid in the process by putting into sharp focus the specific problems the collaborative process is designed to solve.

Healthy and secure agencies usually find it easier to collaborate than those in less favorable circumstances. Agencies mired in budgetary or other crises, lacking in leadership, or subject to internal dissension are less likely to negotiate as equals with collaborative partners. The health of key agencies and their leadership should be assessed when selecting localities for *second generation* collaboration initiatives.

Particularly when the impetus for program change has come from the state rather than the local level, it is important that state policy makers provide local communities with technical assistance and support. Facilitators skilled in group process work may be needed to challenge partners to look at issues differently. Without forward thrust, participants may simply hold their own ground and block decisions that could make them do things differently. With engagement, however, comes ownership of collaborative goals and the potential for institutional change. "Sharing power" does not necessarily mean giving up power.

State policy makers can provide state regulatory flexibility to reduce external obstacles to collaboration. They can encourage evaluation designs that include both internal accountability measures and "family outcome" measures. Providing collaborative initiatives with "regulatory relief" and/or a streamlined method to handle problems, frequently expedites collaboration. To the extent that local initiatives are involved in the evolution of state-level regulations, evaluation systems, and rules governing their initiatives, they will be more likely to implement these policies effectively.

Finally, state policy makers can make sure that the salaries, support, and training for the workers who are responsible for collaboration are commensurate with the skills they will be required to exhibit. As positions move from administering regulations to problem-solving, the need for training, support, and compensation increases.

Rather than approaching local demonstration sites from a traditional regulatory and accountability perspective, policy makers can offer more flexibility in program design while clearly delineating desired program outcomes.

Providing collaborative initiatives with "regulatory relief" and/or a streamlined method to handle problems, frequently expedites collaboration.

QUESTIONS TO ASK WHEN DESIGNING SECOND GENERATION DEMONSTRATION PROJECTS

- ☐ Is there commitment from the state to provide sufficient flexibility to allow local programs to adapt and develop?
- ☐ Has any request for proposal (RFP) drafted to be used in the selection of projects emphasized a collaborative philosophy, encouraged local adaptation, and discouraged traditional service or categorical boundaries in describing activity?
- ☐ Are proposals evaluated on the basis of inclusive planning and organizational decision-making, provision of appropriate support for frontline workers, and family-centered services at the worker-family level?
- ☐ Is attention given in site selection to projects whose key organizations and organizational leadership are committed, healthy, secure, and ready for risk-taking?
- ☐ Are technical assistance, support, and guidance available to assist demonstration projects to resolve problems that arise?
- ☐ Is there a strong evaluation component for project efforts that both the state and the local projects recognize as legitimate and valuable for program development?
- ☐ Is there a mechanism for individual projects to share experiences with one another?
- ☐ Are there mechanisms for local projects to gain quick access to state systems, particularly for "regulatory relief" from state standards that impede project development?
- ☐ Is there sufficient support—both financial and organizational—for key personnel in the project, including the frontline staff who will be in direct contact with children and families?
- ☐ Are there rewards and supports established within the system to support risk-taking occurring at the local demonstration project level?

QUESTION #7

Q. Third generation approaches:
What strategies can states employ to promote collaboration across all jurisdictions, including those where obstacles are greatest?

A. Statewide approaches must develop local leaders to serve as change agents and provide support in jurisdictions where greater capacities for change must be developed. Intermediaries—formal organizations jointly supported by the state and local initiatives—can provide leadership training, technical assistance and oversight and make tough resource decisions when initiatives fail to meet realistic goals.

First and second generation approaches can provide state-level administrators with experience in working collaboratively with each other and with local programs; determining what strategies seem most effective in nurturing collaboration at the service-delivery level; and trying different models for adaptation to other communities within a state. Collectively, these state actions set the stage for moving to the next, most difficult step in supporting collaboration — *third generation approaches* that promote collaboration statewide and across all jurisdictions. Second generation approaches are likely to attract those local communities most eager to adopt collaborative approaches; the challenge in third generation approaches is to implement collaborative initiatives in communities where that eagerness does not exist and where obstacles to collaboration are greatest.

If third generation approaches are to be successful, state policy makers will have to provide support for leadership development within communities where the necessary attributes for collaboration do not exist. State-level guidance and direction may be more useful than mandates and requirements. States, however, also must be in a position to redirect community resources away from agencies or entities that are not taking a collaborative approach, toward those that can.

Most collaborative initiatives, even when they involve efforts at replicating well-developed and defined models, inevitably undergo some re-invention and adaptation as they fit within the unique circumstances and resources of each local context. To ensure local adaptation, it is critical that statewide approaches to collaboration develop resource people who can serve as *change agents*, with all the skills that term implies.

A strong complement of second generation initiatives can help produce appropriate resource people for third generation efforts. *Intermediaries* can also be created to develop local leadership. As used here, an

intermediary is a formal organization that is supported jointly by the local initiative and the state. The responsibilities of an *intermediary* can include providing hands-on technical support and leadership development for new initiatives, developing and conducting training programs required by the initiatives, networking and providing a vehicle for sharing problem-solving experiences among initiatives, and developing and implementing monitoring and oversight mechanisms for the initiatives. Consistent with the overall definition of collaboration, such intermediaries are neither controlled solely by the state system nor do they represent an association of programs. Instead, the *intermediary* serves an advocacy, problem-solving, brokering, and oversight role for the statewide initiative.

One of the most difficult issues faced in statewide reforms is in providing accountability and oversight. The intermediary can play a critical role in this capacity. Particular attention must be given to the potential for "model drift," in which new initiatives modelled after successful projects make local adaptations that are not collaborative in

... an *intermediary* can include providing hands-on technical support and leadership development for new initiatives, developing and conducting training programs ... networking and providing a vehicle for sharing problem-solving experiences ... and developing and implementing monitoring and oversight mechanisms.

QUESTIONS TO ASK WHEN DEVELOPING THIRD GENERATION STATEWIDE COLLABORATIVES

- ☐ Are there clear models embodying the collaborative philosophy that can be identified for replication or adaptation statewide?
- ☐ Have the "critical attributes" of those models been described clearly, and is there a strategy for developing those attributes in new projects?
- ☐ Is there a strategy and capacity within the state for providing the necessary technical assistance and guidance to develop key attributes in new sites throughout the state?
- ☐ Are existing exemplary projects integrally involved in providing that assistance and themselves given the support needed to offer this guidance?
- ☐ Is there support for an intermediary or other formal structure that can provide technical assistance, advocacy, problem-solving, and monitoring for new sites?
- ☐ Are there quality control techniques and instruments being developed that can seek to identify "model drift," distinguishing between formal project structure and project essence?
- ☐ Are any sanctions or other mechanisms established to deal with projects failing to meet their goals regarded as legitimate and appropriate by the local projects being developed and is the entity with the power to levy these sanctions also regarded as legitimate and appropriate?

approach or fail to provide the comprehensiveness and intensity of services needed to help children and families. The intermediary can be instrumental both in reducing the likelihood that model drift occurs and identifying it when it does.

States that have moved farthest to develop statewide strategies for supporting local collaboration have recognized the need

for a new structure, much like the *intermediary* described above, to nurture the development of initiatives and to make tough decisions on those which have failed to achieve agreed-upon goals. However that structure is designed, it must be regarded as legitimate and effective by both the local initiatives and by state policy makers.

Particular attention must be given to the potential for "model drift," in which new initiatives modelled after successful projects make local adaptations that are not collaborative in approach or fail to provide the comprehensiveness and intensity of services needed to help children and families.

CHAPTER THREE:

OTHER IMPORTANT COLLABORATION ISSUES

Collaboration is not a process that should exist solely within the public sphere nor is it a process that, when implemented poorly, is free from potential damage. Finally, it is far from the solution to all problems faced by children and families.

QUESTION #8

Q. What is the role for the private sector in collaboration initiatives?

A. Private sector involvement provides political and financial support for government action by increasing the visibility of child and family issues, by developing a valuable source of volunteer citizen oversight focused on measurable objectives, and by generating additional funding free of government red tape. Ultimately, the private sector's most important contribution must be expanding employment opportunities including the creation of salaries and working conditions sensitive to the needs of employees who are also family members. An ongoing educational process that recognizes the limits on the time of private sector leaders will be necessary to take full advantage of private sector potential.

In recent years, numerous "public/private partnerships" have been spawned as a means of supporting at risk youth. This private sector involvement offers several potential benefits to collaborative efforts.

First, private and corporate sector involvement lends greater visibility to child and family issues and provides additional legitimacy to policy proposals addressing those concerns. Corporate participation can be instrumental in establishing initiatives and may increase the publicity surrounding them through active use of the corporation's own public relations resources.

Second, private sector involvement can provide seed funding for new or innovative approaches to child and family concerns. If corporate leaders become convinced of the value of collaborative efforts, they often can provide funding with fewer strings and regulations attached than come with public dollars.

Third, private sector volunteers can provide one-to-one guidance, support, and role models for children and families. Although more difficult to obtain than either verbal or financial support, hands-on community involvement by private sector leaders can provide valuable, two-way learning opportunities.

Fourth, citizen oversight generally improves public sector accountability. The involvement of business leaders in strategic planning can encourage outcome-based program evaluation. Business leaders are likely to raise questions of both efficiency and effectiveness in service delivery and demand that initiatives be held accountable to clearly stated and measurable goals. This involvement also can help business leaders understand the need both for long-term commitment to initiatives and for realistic expectations.

To make these important contributions, private sector involvement must be care-

... the private sector's most important contribution to meeting child and family needs may be to provide employment to youth commensurate with their work skills and work readiness and to establish working conditions that reflect the needs of workers who are family members as well as employees.

Individuals who are given the authority to use their own discretion, without the responsibility to share their authority with their clients or co-workers, can use their own prejudices and biases to the detriment of their clients.

fully nurtured. In general, private sector leaders are not aware of the tremendous obstacles most fragile families face in providing support for their children. An appropriate educational process must be developed while recognizing the demands on these leaders' time and the need to put their talents to efficient use.

Overall, the private sector's most important contribution to meeting child and family needs may be to provide employment to youth commensurate with their skills and work readiness and to establish working conditions that reflect the needs of workers who are family members as well as employees. Armed with a better understanding of the barriers many families experience in seeking economic self-sufficiency, business leaders may begin to critically assess the structure of work itself and, where possible, change that structure to remove those barriers. The private sector may be willing to establish compacts that guarantee employment to youth commensurate with the skills and work readiness those youth obtain. Further, the report of the Commission on the Skills of the American Workforce, *America's Choice: High Skills or Low Wages?*, argues that there is the potential for this restructuring within many, if not most, businesses in the country. Business and government must engage in substantial prior cooperative activity and relationship building, however, before they will be able to agree on joint strategies to restructure traditionally organized, private sector work settings.

QUESTION #9

- Q. What are the risks in collaboration?**
- A. When poorly implemented or when a single agency would be more effective acting alone, collaboration can waste time and deplete scarce resources without improving children's lives. Without adequate training and supervision, authority and discretion at the worker-family level may be abused or ineffectively meet family needs.**

In spite of its many advantages, collaboration is not always the best solution to every problem. Some services can and should be provided through a single agency without the need for cross-agency collaboration. Even when collaboration is appropriate, some risks remain.

First, poorly implemented initiatives may take time away from other tasks and stretch already thin resources to the breaking point, while not significantly improving outcomes for children and families. Interagency collaboration must be evaluated in terms of the outcomes it produces, compared with the resources it expends.

Second, the discretion and authority provided at the frontline worker-family level may be abused. Under the categorical system of service provision, clients may not receive what they want and may feel alienated by the bureaucracy, but it may be easier for them to use the legal or administrative system to protect their rights, since those rights are outlined categorically. A frontline worker, engaging in dialogue with a client to collaboratively define a family's needs, however, represents a more personal intervention than a worker sitting behind a desk asking well-defined, specific questions and referring to a manual. This discretion has the potential to greatly improve service delivery, but it also can be damaging. The adverse effects of poor worker performance can be much greater when the worker is given greater discretion and authority. In fact, the movement away from social workers toward income maintenance workers in the AFDC program in the 1960s was a response to the intrusiveness of the prior system and the powerlessness some clients felt at the perceived arbitrariness and prejudice of their caseworkers.

Individuals who are given the authority to use their own discretion, without the responsibility to share their authority with their clients or co-workers, can use their own prejudices and biases to the detriment of their clients. Just as collaboration at the client level holds great potential for doing good, it can do substantial harm if handled inappropriately. Training which is sensitive to multicultural issues is essential for front-

line workers expected to exercise substantial discretion.

QUESTION #10

Q. What problems won't collaboration solve?

A. Collaboration, alone, will not resolve underlying environmental causes of child and family problems. It will not magically create the vision and skills needed for state and community leaders to tackle tough issues nor will it lessen the need for additional resources to address complex problems.

Since no one is opposed to the concept of collaboration, politicians and other policy makers can call for collaborative efforts without political risk. By making such calls, however, they may infer that the structure of the current system of delivering services is entirely to blame for the worrisome outcomes facing many American children and families. If only more collaboration occurred, suggests this reasoning, problems would be solved without the need for additional resources. Unfortunately, this is not the case.

First, by itself, collaboration will not build affordable housing for all who need homes, create a vibrant economy, provide employment opportunities that pay a decent wage, and ensure safe neighborhoods for families seeking self-sufficiency. It will not provide Head Start slots for all children who need them nor assure that families on welfare can meet basic needs. A substantial commitment

of new resources may be necessary to provide such services.

Second, although collaboration may more efficiently use currently available resources in the long run, it cannot automatically create the expertise necessary to conduct training, provide technical assistance, or develop necessary accountability and evaluation systems. If collaborative efforts are to succeed, resources must be identified and secured for start-up costs, and lead times must not be underestimated.

Finally, if children and their parents see that they have no realistic options for family-sustaining employment—regardless of the efforts they make—a service provider working in collaboration with them will not be able to establish trust by telling them otherwise. Youth won't say "no" to drugs unless they have something to say "yes" to. A worker isn't likely to be effective asking adolescents to maintain control over their sexuality if they don't feel they have control over other important aspects of their lives. If realistic opportunities for economic self-sufficiency do not exist within the community where the family lives, collaborative initiatives must address these larger community needs or resign themselves to becoming damage control efforts.

Collaborative strategies must identify all obstacles to the productive development of families and their children and target their efforts appropriately. Collaboration can be an effective strategy in surmounting many of these obstacles, but it may do nothing to surmount others. In such instances, state policy makers will have to devise other solutions if more children and families are to succeed.

Training which is sensitive to multicultural issues is essential for frontline workers expected to exercise substantial discretion.

CONCLUSION: SEVEN KEY POINTS TO REMEMBER

All families need support at some times—support that transcends any single agency's mission. . . . Collaboration among child and family-serving agencies offers an important mechanism to meet the multiple needs of parents and children.

1. **Collaboration is not a quick fix** for many of the vexing problems society faces. It will not build affordable housing, create sufficient Head Start slots for all eligible children, end poverty, or stop the tragedy of abuse and neglect.
2. **Collaboration is a means to an end, not an end in itself.** Policy makers must ask what problems collaboration is designed to solve, prior to proposing collaboration as the means to solve them. The end goal is more successful, productive lives for children and families.
3. **Developing interagency collaboration is extremely time-consuming and process-intensive.** Policy makers must recognize that the substantial resources that go into establishing interagency collaborative ventures should be expended only when the benefits of collaboration are correspondingly large. While some initiatives may leverage new resources and deploy existing ones more efficiently, collaboration will not create resources. Collaboration is not *always* the best investment of resources; depending on local needs and circumstances, some services may be better provided without multiple agency involvement.
4. **Interagency collaboration does not guarantee the development of a client-centered service system nor the establishment of a trusting relationship between an at risk child or family and a helping adult.** If that is the goal of policy makers, they must make collaboration at the worker-client level a central part of their initiatives and not trust it to occur because agencies are required to coordinate with one another at the administrative/management level.
5. **Collaboration occurs among people—not among institutions.** Workers must be supported at each level of organization where collaboration is expected to take place. Time for collaboration must be built into the work day, and workers must be rewarded for their efforts. Interagency agreements—important institutional mechanisms to clarify, formalize, and spell out relationships and to avoid misunderstandings among agencies — must be structured to support workers' interactions with colleagues within the agency, with those in other agencies, and with the families being served.
6. **Creative problem-solving skills must be developed and nurtured in those expected to collaborate.** Among these skills are the ability to deal with the ambiguity and stress that increased discretion brings. Policy makers must recognize that, if workers are expected to share responsibility and make decisions based on family needs and flexible guidelines rather than rigid protocols, they must be provided with back-up support and guidance to assure that this autonomy is wisely employed. The interpersonal, problem-solving skills required in collaboration will be skills many collaborators have not previously been called upon to use in their work.
7. **Collaboration is too important a concept to be trivialized.** It must represent more than the shifting of boxes on an agency organizational chart. If the very real needs of children and families are to be met, service providers must find ways to meet these needs more comprehensively, and more holistically. Ultimately, this will require more careful, considered, and extensive collaborative activity.

APPENDIX A

For Further Reading

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APPENDIX B

Resources for Additional Information

American Public Welfare Association (APWA)

Beverly Yanich, Associate Director
Bard Shollenberger, Director of Government Affairs
810 First Street N.E.
Suite 500
Washington, DC 20002
(202) 682-0100

APWA is a bipartisan, nonprofit organization representing the state human service departments, local public welfare agencies, and individuals concerned with public welfare policy and practice. It advocates sound, effective, and compassionate social welfare policy and brings state and local policy leadership into national decision-making. APWA carries out a comprehensive agenda of social welfare policy research, development, and analysis and provides information and technical assistance to state and local officials and others on a variety of topics including the Family Support Act of 1988, child welfare and family preservation, economic security, child support enforcement, food assistance programs, health and Medicaid, immigration policy, and family self-sufficiency.

Center for Law and Social Policy (CLASP)

Alan W. Houseman, Executive Director
Mark Greenberg, Senior Staff Attorney
1616 P Street N.W.
Suite 450
Washington, DC 20036
(202) 328-5140

CLASP works to establish effective linkages between U.S. welfare and education systems to help address the problems of America's poor families. The Center provides information and technical assistance to state and federal officials, school personnel, and legal and policy advocates in meeting the requirements of the Family Support Act of 1988.

Center for the Study of Social Policy (CSSP)

Tom Joe, Director
Cheryl Rogers, Senior Research Associate
1250 Eye Street N.W.
Suite 503
Washington, DC 20005
(202) 371-1565

The Center provides information on the principles of interagency and intergovernmental planning, budgeting, and service delivery.

Child Welfare League of America, Inc. (CWLA)

Earl N. Stuck, Jr., Director of Residential Care Services
440 First Street N.W.
Suite 310
Washington, DC 20001-2085
(202) 638-2952

CWLA is a 70 year-old organization of over 630 child welfare agencies from across the United States and Canada. Together with the 150,000 staff members from our member agencies, CWLA works to ensure quality services for over two million abused, neglected, homeless, and otherwise troubled children, youth and families. CWLA participates actively in promoting legislation on children's issues, and provides a wide variety of membership services including research, consultation, training and publication.

Children's Defense Fund (CDF)

Denise Alston, Senior Program Associate
Education Division
122 C Street N.W.
Washington, DC 20005
(202) 628-8787

CDF, a private, non-profit, advocacy organization, gathers data, publishes reports, and provides information on key issues affecting children. It also monitors the development and implementation of federal and state policies, provides technical assistance and support to a network of state and local child advocates, organizations, and public officials and pursues an annual legislative agenda.

Council of Chief State School Officers (CCSSO)

Cynthia G. Brown, Director, Resource Center on Educational Equity
Glenda Partee, Assistant Director
400 North Capitol Street
Washington, DC 20001
(202) 393-8159

CCSSO is a non-profit organization composed of the heads of the 57 departments of public education in every state, the District of Columbia, the Department of Defense Dependent Schools, and five extra-state jurisdictions. The CCSSO Resource Center on Educational Equity is responsible for implementing various CCSSO leadership initiatives to provide better educational services to children and youth at risk of school failure. It provides technical assistance in policy formulation, develops programs and materials, holds conferences, monitors civil rights issues, and provides training. The Center also publishes a quarterly newsletter.

Council of the Great City Schools

Milton Bins, Deputy Director
1413 K Street, N.W., 4th Floor
Washington, DC 20005
(202) 371-0163

The Council of Great City Schools, the primary advocate for public urban education in America, within a national focus on urban education that includes cooperation with other organizations, articulates the positive attributes and needs of urban youth. The Council promotes public policy to ensure the improvement of education and equity in the delivery of comprehensive educational programs, and provides a forum for urban educators to develop strategies, exchange ideas and conduct research on urban education.

Education Commission of the States (ECS)

Robert M. Palaich, Director of Policy Studies
707 17th Street, Suite 2700
Denver, CO 80202-3427
(303) 299-3600

Created in 1965, ECS is an interstate compact that helps state leaders improve the quality of education. ECS conducts policy research, surveys and special studies; maintains an information clearinghouse; organizes state, regional, and national forums; provides technical assistance to states; and fosters nationwide leadership and cooperation in education. ECS priority issues include restructuring schools for more effective teaching and learning, addressing the educational needs of at-risk youth, improving the quality of higher education, and ensuring the full participation of minorities in the professions by ensuring their full participation in education.

Family Resource Coalition

Judy Langford Carter, Executive Director
200 S. Michigan Avenue
Suite 1520
Chicago, IL 60604
(312) 341-0900

The Family Resource Coalition is a national organization whose immediate goal is to improve the content and expand the number of programs available to parents that strengthen families. The Coalition serves programs, parents, researchers, and policy makers by providing information and technical assistance related to prevention program models, strategies, and research.

Institute for Educational Leadership (IEL)

Jacqueline P. Danzberger, Director of Governance Programs
Martin J. Blank, Senior Associate
1001 Connecticut Avenue N.W.
Suite 310
Washington, DC 20036
(202) 822-8405

IEL is a non-profit organization dedicated to collaborative problem-solving strategies in education, and

among education, human services and other sectors. The Institute's programs focus on leadership development, cross-sector alliances, demographic analyses, business-education partnerships, school restructuring, and programs concerning at-risk youth.

Joining Forces

Janet E. Levy, Director
Sheri Dunn, Project Associate
Robin Kimbrough, Project Associate
400 North Capitol Street
Suite 379
Washington, DC 20001
(202) 393-8159

Joining Forces promotes collaboration between education and social welfare agencies on behalf of children and families at risk. Information is available on strategies and programs for successful collaboration.

National Alliance of Business (NAB)

Center for Excellence in Education
Esther Schaefer, Senior Vice President and Executive Director
Terri Bergman, Director, Program Activities
1201 New York Avenue N.W.
Suite 700
Washington, DC 20005
(202) 289-2888

NAB seeks to help build a quality workforce for America that will provide business with highly qualified, job ready workers. The Alliance carries out its mission by working with private employers and through public/private partnerships to: 1) upgrade the skills and abilities of the existing workforce through workplace learning efforts, 2) improve the output of America's public schools by involving business in education reform, and 3) train the unemployed and under-skilled for entry into the labor force through second chance initiatives.

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc.

Gordon A. Raley, Executive Director
Kae G. Dakin, Director of Membership Services
1319 F Street, N.W., Suite 601
Washington, DC 20004
(202) 347-2080

The National Assembly is an association of national voluntary human service organizations that work together to advance the mission of each agency and the human service sector as a whole. The Assembly facilitates organizational advocacy for public policies, programs and resources which are responsive to human service organizations and those they serve.

National Association of Counties (NACo)

Michael L. Benjamin, Associate Legislative Director
Marilou Fallis, Research Associate for JOBS Implementation

440 First Street, N.W.
Washington, DC 20001
(202) 393-6226

NACo is the only national organization representing county government in the United States. NACo serves as a national advocate for county concerns and assists county officials in finding innovative methods for meeting the challenges they face. In human services, NACo's mission is to assist counties in developing human services programs designed to achieve the full objectives of encouraging self-support, self-reliance, strengthening of family life, and the protection of children and adults.

National Association of Secondary School Principals (NASPP)

Timothy J. Dyer, Executive Director
Thomas Koerner, Associate Executive Director
1904 Association Drive
Reston, VA 22091
(703) 860-0200

NASSP is an association serving all school administrators in middle schools and high schools. It provides more than 40,000 members with professional assistance in managing effective schools. As a service organization, it publishes a host of materials in print, audio and videotapes, and software; it conducts conventions and conferences for professional development; it provides a national voice in government; it offers legal advice; and it conducts research into learning and instruction, among many other subjects.

National Association of State Boards of Education (NASBE)

Janice Earle, Director, Center on Educational Equity
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000

The National Association of State Boards of Education is a nonprofit, private association that represents state and territorial boards of education. Its principal objectives are to strengthen state leadership in education policymaking; promote excellence in the education of all students; advocate equality of access to educational opportunity; and assure responsible lay governance of public education. NASBE provides information on: educational policy-setting at the state level; successful programs for youth at risk, adolescent health; and early childhood education. Publications on these subjects are available.

National Conference of State Legislatures (NCSL)

William T. Pound, Executive Director
Candace Romig, Group Director
Human Services Department
1560 Broadway
Suite 700
Denver, CO 80202-5140
(303) 830-2200

NCSL serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL is a nonpartisan organization with three objectives: 1) to improve the quality and effectiveness of state legislatures; 2) to foster interstate communication and cooperation; and 3) to ensure states a strong and cohesive voice in the federal system. The Children, Youth, and Families Program of NCSL offers an information clearinghouse, research assistance, technical assistance, and publications on state policy issues vital to children and families.

National Governors' Association (NGA)

Evelyn Ganzglass, Director, Training and Employment Program
Linda McCart, Director, Consortium for the Implementation of the Family Support Act (APWA, NACO, CCSO, and NGA)
Susan Traiman, Director, Education Program
444 North Capitol Street
Suite 250
Washington, DC 20001
(202) 624-5300

NGA, representing the Governors of the 50 states and the territories, seeks to influence the shape and implementation of national policy and to apply creative leadership to the solution of state problems. NGA provides assistance to Governors and their staffs in the areas of education, social services, employment/training, and health policy through research, publications, conferences, and consultation.

National League of Cities (NLC)

John E. Kyle, Project Director
1301 Pennsylvania Avenue, N.W.
Washington, DC 20004
(202) 626-3030

The NLC represents 1,400 cities directly and 15,000 cities and towns through 49 state municipal leagues. It serves as an advocate for its members in Washington, DC; provides training and technical assistance to municipal officials; and undertakes research and policy analysis on issues of importance to the nation's cities. The Project on Children and Families in Cities is an ongoing effort to encourage and assist local officials in meeting the needs of children and families. Project activities are focused on education, child care, and collaborative strategic planning.

National School Boards Association

Thomas A. Shannon, Executive Director
Philip A. Smith, Communications Director
1680 Duke Street
Alexandria, VA 22180
(703) 838-6722

The National School Boards Association is a not-for-profit organization with four basic objectives to: 1) advance the quality of education in the nation's public elementary and secondary schools, 2) provide informational services and management training programs to local school board members, 3) represent the interest of school boards before Congress, federal agencies, and the courts, and 4) strengthen local citizen control of the schools, whereby education policy is determined by school boards directly accountable to the community.

National Youth Employment Coalition (NYEC)

Linda R. Laughlin, Executive Director
1501 Broadway, Room 1111
New York, NY 10036
(212) 840-1834

NYEC, a nonprofit membership organization, has existed since 1979 to increase and promote opportunities for the education, employment, and training of disadvantaged youth. Through a range of activities aimed at disseminating information, monitoring legislation, providing technical assistance, and promoting collaborative efforts, the Coalition brings together 60 member organizations concerned with youth employment. The Coalition holds quarterly meetings and publishes a bi-monthly newsletter.

United States Conference of Mayors

J. Thomas Cochran, Executive Director
Laura Dekoven Waxman, Assistant Executive Director
1620 Eye Street N.W.
Washington, DC 20006
(202) 293-7330

Founded in 1932, the U.S. Conference of Mayors is the official nonpartisan organization of the more than 900 cities with a population of 30,000 or more. Each city is represented in the Conference by its chief elected official, the Mayor. The principal role of the

Conference of Mayors is to aid the development of effective national urban policy, to serve as a legislative action force in federal-city relations, to ensure that federal policy meets urban needs, and to provide Mayors with leadership and management tools of value to their cities.

Wider Opportunities for Women (WOW)

Cynthia Marano, Executive Director
1325 G Street N.W.
Lower Level
Washington, DC 20005
(202) 638-3143

WOW is a national women's employment organization which works to achieve equality of opportunity and economic independence for women. WOW coordinates the Women's Work Force Network, connecting 450 local employment and training programs and serving 300,000 women each year. WOW's resources include program models and technical assistance guides related to combining literacy and employment training for single mothers.

William T. Grant Foundation Commission on Work, Family and Citizenship

Harold Howe II, Chairperson
Samuel Halperin, Study Director
Atelia I. Melaville, Senior Associate
1001 Connecticut Avenue, N.W.
Suite 301
Washington, DC 20036
(202) 775-9731

The Grant Commission has issued two major reports and two dozen background and information papers on the special needs of the Forgotten Half, the approximately 20 million young people between the ages of 16 and 24 not likely to pursue a college education. The Commission's office works to implement the recommendations of both reports, and to improve the school-to-work transition of the Forgotten Half by raising public and scholarly awareness, building coalitions, sharing information, consulting, and providing technical assistance to federal, state, and other policy makers. Publication lists are available on request.

ABOUT THE AUTHOR

Charles Bruner serves as Executive Director of the Child and Family Policy Center, a nonprofit research center located in Iowa. He retired from the Iowa General Assembly in 1990 after twelve years of service there, first as a state representative and then as a state senator. During that tenure, he was responsible for developing legislation on a wide variety of child and family issues, including state initiatives in maternal and child health, welfare reform, child welfare, juvenile justice, education, and tax policy.

The Child and Family Policy Center (100 Court Avenue, Suite 312, Des Moines, IO 50309 (515) 243-2000) was established in 1989 to better link research and policy on issues vital to children and families. The Center conducts policy implementation workshops, provides technical assistance both within and outside Iowa, and publishes monographs and guides for state policy makers. The Center has received funding through grants from the Annie E. Casey Foundation, the Joyce Foundation, the Foundation for Child Development, and the Edna McConnell Clark Foundation. The Child and Family Policy Center was founded and is administered by Tanager Place, a charitable organization in Cedar Rapids, Iowa, whose mission is "to provide the community with leadership in the development and implementation of quality programs which successfully evaluate, treat, and educate children and families experiencing social, psychological, and emotional needs."

Dr. Bruner holds a Ph.D. in political science from Stanford University. Among his books are *Slicing the Health Care Pie: A Legislator's View of State Health Care Allocation Choices*, *Improving Children's Welfare: Learning from Iowa*, and *Improving Maternal and Child Health: A Legislator's Guide*.

EDUCATION AND HUMAN SERVICES CONSORTIUM

% IEL

1001 Connecticut Ave., N.W.

Suite 310

Washington, D.C. 20036-5541